New York/New Jersey AIDS Education and Training Center
Annual Needs Assessment Survey

The purpose of this survey is to assess the need for HIV/AIDS provider training in your organization and to determine how the NY/NJ AETC may best work with you. Please have your Medical Director or a designee complete this form and return it to your contact person at the NY/NJ AETC.

Today’s Date ____________ Agency/Program Name __________________________________________________________
Contact Name ___________________________ Title __________________________________________________________
Agency Address __________________________________ City __________________________ State _____ Zip ________
Phone ___________________________ E-mail __________________________ Fax __________________________

1. Have you received training from any of our partners? (Check all that apply.)
☐ Albany Medical Center ☐ Columbia University Mental Health ☐ St. Luke’s Roosevelt
☐ Adolescent AIDS Program ☐ Français-Xavier Bagnoud Center-UMDNJ ☐ SUNY Downstate
☐ AIDS Institute ☐ Garden State Infectious Disease Associates ☐ SUNY Stony Brook
☐ Bronx-Lebanon ☐ ID Care, Hillsborough ☐ Weill Cornell Medical College
☐ Cicatelli Associates, Inc ☐ SUNY Stony Brook ☐ New to AETC trainings

2. Please check the category that best describes your agency: (Check only one)
☐ Hospital/Clinic ☐ Community-Based Organization
☐ Community Health Center ☐ State/Local Health Department
☐ Mental Health Program ☐ Private/Group Practice
☐ Substance Abuse Treatment ☐ HMO/Managed Care
☐ Substitution Abuse Program

3. Which of the following populations receive care at your agency? (Check all that apply.)
☐ Children ☐ Women ☐ Gay/lesbian/MSM/bisexual ☐ People with mental illness
☐ Youth ☐ Racial/ethnic minorities ☐ Transgender ☐ People with substance use disorders
☐ Older Adults ☐ Immigrants ☐ Incarcerated/ Parolees ☐ Homeless
☐ Other (specify): ____________________________________________

4. Please note the number of HIV care providers at your agency (use full-time equivalents if you have part-time staff):
☐ Physicians ☐ Nurses ☐ Dentists
☐ Physician Assistants ☐ Pharmacists ☐ Dental Hygienists
☐ Nurse Practitioners/APNs ☐ Case Managers/Social Workers ☐ Dental Assistants

4a. Do you have a Dental Director or someone in your organization who is in charge of oral health services?
☐ No ☐ Yes, Name: ____________________________

5. Please rate the level of HIV expertise of your medical staff:
☐ Very High ☐ High ☐ Adequate ☐ Fair ☐ Poor

6. Please check (✓) how your agency provides each of the following services.

<table>
<thead>
<tr>
<th>Service</th>
<th>On-site expertise (your staff generally has expertise)</th>
<th>In consultation (staff usually consult with experts)</th>
<th>By referral (to outside experts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpretation of resistance testing results</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care for Hepatitis-C co-infection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salvage therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care for metabolic disorders in HIV+ patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care for neuropsychiatric manifestations of HIV/AIDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prenatal HIV care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental care of HIV+ patients</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7/1/12
7. What indicators or measures would you like to see improved in your clinical setting? (For example, percent of viral suppression or percent of patients tested.) Please provide examples for your clinical setting.

1. ________________________________________________

2. ________________________________________________

3. ________________________________________________

8. Would you potentially be interested in participating in a quality improvement initiative with the AETC that provides training targeted to improving selected quality indicators? □ Yes □ No

9. Please check topics in which your organization and staff need training:

- Adherence
- Anal Cancer/HPV Screening
- Co-Morbidities
  - Cardiovascular Disease
  - Endocrine Disorders
  - Hepatitis B
  - Hepatitis C
  - TB
  - STIs
- Other (specify): _____________________________
- Complementary & Alternative Therapies
- Conference Updates
- HIV 101
- HIV Clinical Management
  - Acute HIV Infection
  - Dermatologic Manifestations
  - Immune Reconstitution Syndrome
  - Malignancies
  - Medication Side-Effects
  - Metabolic Complications
  - Neurological Complications
  - Pulmonary Complications
- HIV Testing and Counseling
- HIV Treatment Options
  - Advanced HIV Disease
  - Antiretroviral Therapies
  - Diagnostic Tests
  - Drug-Drug Interactions
  - Emerging Treatment Options
  - Prophylaxis & Health Maintenance
  - Newly Diagnosed Patients
  - Resistance Testing
  - Salvage Therapy
  - Treatment Sequencing
- Legal/Ethical/Policy Issues (specify):
  - Mental Health and Psychosocial Issues
  - Nutrition
  - Opportunistic Infections
  - Oral Health and HIV
  - Pain Management
  - Palliative & End of Life Care
  - Pharmacology
  - Populations
    - Adolescents
    - Children
    - Gay/Bisexual/MSM
    - Homeless
    - Incarcerated/Parolees
    - Lesbian/Bisexual/WSW
    - Men
  - People with Mental Illness
  - Older Adults/HIV and Aging
  - Racial/Ethnic Minorities
  - Recent Immigrants
  - Rural
  - Transgender
  - Women
  - Young MSM
- Post-Exposure Prophylaxis
- Pre-Exposure Prophylaxis
- Prevention Strategies
- Reproductive Health
- Sexuality Issues
- Substance Use
  - Addiction Treatment
  - Buprenorphine
  - Crystal Meth
  - Smoking Cessation
- Technical Assistance (specify):
  - Updates in Clinical Trials/Research
  - Other
    - ____________________________________________
    - ____________________________________________

9a. What topics are the top training priorities for your staff?

1. _____________________________

2. _____________________________

3. _____________________________

10. Which of the following educational modalities/formats would best help your staff? (Check all that apply.)

- Conference/Lecture
- Preceptorships/Mini-residencies
- Interactive Workshops
- Web and computer-based learning
- Case consultations
- Tele-Medicine
- Other: ________________________________________

11. In the next five-years, the AETC will offer more education online. How likely would staff at your organization use the following technologies for continuing HIV clinical education?

<table>
<thead>
<tr>
<th>Technology</th>
<th>Likely</th>
<th>Not Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Consultations over email/online</td>
<td></td>
<td></td>
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<tr>
<td>Telemedicine</td>
<td></td>
<td></td>
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<tr>
<td>Web-based self-studies</td>
<td></td>
<td></td>
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<tr>
<td>Online video lectures and conference footage</td>
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<td></td>
</tr>
<tr>
<td>Online courses</td>
<td></td>
<td></td>
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<tr>
<td>Webcasts/Webinars</td>
<td></td>
<td></td>
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<tr>
<td>Clinical Decision Support on a hand held device</td>
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</tbody>
</table>
12. Which of the following special AETC training initiatives would your agency be interested in participating?

- [ ] Hands-on clinical training through (on-site or off-site) mini-residencies/preceptorships
- [ ] Enrollment in the ACCESS HIV certificate program (20-hour program for selected providers)
- [ ] On-site group case review discussions with HIV experts
- [ ] Phone consultations on specific cases

13. How many *hours per month* does your organization schedule for staff education? ____________

14. What barriers have you experienced to setting up HIV training for your staff?
____________________________________________________________________________________
____________________________________________________________________________________

15. If you have previously received training from our AETC, please give us feedback (e.g., what worked and did not work, what was useful, how to improve our trainings):
____________________________________________________________________________________
____________________________________________________________________________________

16. From what other sources do you receive HIV/AIDS staff education? ________________________________
____________________________________________________________________________________

17. Does your agency receive Ryan White funding?  
- [ ] Yes  
- [ ] No  
- [ ] Don’t know

17a. If yes, what kind?
- [ ] Part A  
- [ ] Part B  
- [ ] Part C  
- [ ] Part D  
- [ ] ADAP  
- [ ] Don’t know

18. Approximately what year did your agency begin offering HIV/AIDS care? ____________

19. Approximately how many patients are enrolled in care at your agency? _________

19a. Approximately how many HIV/AIDS patients are enrolled in care at your agency? _________

19b. Approximately how many HIV-positive patients did your agency newly enroll in care during the past six months? _______

19c. Approximately how many individuals received HIV-testing at your agency in the past six months? _______

20. Which of the following support services does your agency offer to HIV+ patients? (Check all that apply.)

- [ ] Enhanced adherence counseling
- [ ] Case management
- [ ] Peer education
- [ ] Support groups
- [ ] Referrals to oral health care
- [ ] Prevention counseling

Thank you for taking the time to complete this survey. Your expertise and suggestions for training are of vital importance to us. The NY/NJ AETC looks forward to working with you to meet your HIV/AIDS training needs. If you have questions or concerns, please feel free to contact us.

For LPS use only:

LPS: ____________  
Agency Code ______